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UNITED STATES DISTRICT COURT

2020 OCT 14 AM 11:02

SOUTHERN DISTRICT OF NEW YORK

ALEXANDER WILLIAMS JR

PLAINTIFF(S)

NO. 20-CIV-0516

(TO BE FILED OUT BY CLERK)

-AGAINST-

THE CITY OF NEW YORK, ADW ELYN RIVERA
SHEILD NO. 576, CAPTIN JOHN HERNANDEZ
SHEILD NO. 1806, DR. DEBRA MAYERS, IRA
GORNISH, TERESA CUADRA, HESTER MOULTON,
BESSIE FLORES-CLEMETE, JUSTIN WILSON,
LAURA HUNT, CAROLYN DICKIE, CORRECTIONAL
HEALTH SERVICES

42 U.S.C. § 1983

COMPLAINT (PRISONER)

DO YOU WANT A TRIAL JURY?

YES NO

DEFENDANT(S)

AMENDMENT VERSION

I. LEGAL BASIS FOR CLAIM:

State below the federal legal basis for claim, if known, this form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; Those claims are often brought under U.S.C. §1983 (against state, county, or municipal defendants or in a "BIVENS" action (against federal defendants).

VIOLATION OF MY FEDERAL CONSTITUTIONAL RIGHTS

OTHER:

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach extra pages if necessary.

FIRST NAME

MIDDLE INITIAL

LAST NAME

Prisoner Id# (if you have previosuly been in another agency's custody,
please specify each agency and the ID number [such as your din or NYSID]
under which you were held)

MANHATTAN DETENTION COMPLEX
CURRENT PLACE OF DETENTION

125 WHITE STREET

Institutional address

NEW YORKNEW YORK10013COUNTY, CITY

State

Zip Code

III. PRISONER STATUS:

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
- Civilly Committed detainee
- Immigration detainee
- Convicted and Sentence prisoner
- Other: _____

IV. DEFENDANT(S) INFORMATION:

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on defendant(s). Make sure that the defendant listed below are identical to those listed in the caption. Attach additional pages as necessary.

DEFENDANT 1: The City Of New YorkFIRST NAME LAST NAME SHEILDCity Of New YorkCURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION)100 CHURCH STREETCURRENT WORK ADDRESSNEW YORKCOUNTY, CITYNEW YORKSTATE10007ZIP CODE**DEFENDANT 2: ELYN**FIRST NAME LAST NAME 576ASSISTANT DEPUTY WARDENCURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION)66-26 MetropolitanCURRENT WORK ADDRESSaveQUEENSCOUNTY, CITYNYSTATE11379ZIP CODE

DEFENDANT 3: JOHN

HERNANDEZ

1806

FIRST NAME

LAST NAME

SHEILD#

SECURITY CAPTIN

CURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION)

125 WHITE STREET

CURRENT WORK ADDRESS

NEW YORK NY

NY

10013

COUNTY, CITY

STATE

ZIP CODE

DEFENDANT 4: DEBRA

MAYERS

FIRST NAME

LAST NAME

SHEILD #

FACILITY DOCTOR

CURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION)

125 WHITE STREET

CURRENT WORK ADDRESS

NEW YORK

NY

10013

COUNTY, CITY

STATE

ZIP CODE

DEFENDANT 5: IRA

GORNISH

FIRST ANME

LAST NAME

SHEILD#

FACILITY DOCTOR

CURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION)

125 WHITE STREET

CURRENT WORK ADDRESS

NEW YORK

NY

10013

COUNTY, CITY

STATE

ZIP CODE

DEFENDNAT 6: TERESA

CUADRA

FIRST NAME

LAST NAME

SHEILD#

DOCTOR FOR FACILITY

CURRENT WORK TITLE (OR OTHER IDENTIFYING INFORMATION)

125 WHITE STREET

CURRENT WORK ADDRESS

NEW YORK

NY

10013

COUNTY, CITRY

STATE

ZIP CODE

DEFENDANT 7: HESTER

MOULTON

FIRST ANME

LAST NAME

SHEILD#

FACILITY DOCTOR

CURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION)

125 WHITE STREET

CURRENT WORK ADDRESS

NEW YORK

NEW YORK

10013

COUNTY, CITY

STATE

ZIP CODE

DEFENDANT 8 BESSIE KKREKX

FLORES-CLEMENTE

FIRST ANME

LAST NAME

SHEILD

FACILTY DOCTOR

CURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION)

125 WHITE STREET

WORK ADDRESS

NEW YORK

NY

10013

COUNTY, CITY

STATE

SHEILD#

ZIP CODE

DEFENDANT 9: JUSTIN

FIRST NAME FACILITY DOCTOR	LAST NAME CURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION) 125 WHITE STREET	SHEILD #
CURRENT WORK ADDRESS NEW YORK COUNTY, CITY	NY STATE	10013 ZIP CODE

DEFENDANT 10: LAURA

FIRST NAME FACILITY DOCTOR	LAST NAME CURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION) 125 WHITE STREET	SHEILD #
CURRENT WORK ADDRESS NEW YORK COUNTY, CITY	NY STATE	10013 ZIP CODE

DEFENDANT 11: CAROLYN

FIRST NAME FACILITY DOCTOR	LAST NAME CURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION) 125 WHITE STREET	DICKIE SHEILD #
CURRENT WORK ADDRESS NEW YORK COUNTY, CITY	NY STATE	10013 ZIP CODE

DEFENDANT 12: CORRECTIONAL HEALTH SERVICES

FIRST NAME MEDICAL DEPT AT JAIL	LAST NAME CURRENT JOB TITLE (OR OTHER IDENTIFYING INFORMATION) 125 WORTH STREET	SHEILD #
CURRENT WORK ADDRESS NEW YORK COUNTY, CITY	NY STATE	10013 ZIP CODE

V.

STATEMENT OF CLAIM:

PLACES OF OCCURRENCE: MANHATTAN DETENTION COMPLEX

DATE(S) OF OCCURRENCE: APRIL 2019 - DEC 2019

FACTS:

State here briefly the facts that support your case. Describe what happen, how you were harmed, and how each defendant was personally involved in the alleged wrongful action. Attach additional pages as necessary.

SICK CALL ISSUES / FACTORS

1. The plaintiff was transferred to the Manhattan Detention Complex on Jan 18 2019 from The Brooklyn deetntion Center.
2. during the first three months or so anytime that he requested sick call he was taken out of his cell which was cell (7) on housing unit 9North and taken to the triage room on the ninth floor to be examine and have his vitals taken while he explain to the doctor at the time what his medical complaint may have been.
3. On or about April 22 2019 in between the time of 8:30 am and 12:00 noon the plaintiff requested sick call while the doctor **CAROLYN DICKIE** was on the unit inquiring who needed to be seen. When the plaintiff informed the doctor that he needed sick call instead of taking him to the triage room right outside of his housing unit; doctor DICKIE opted to discuss with the plaintiff his medical complaint while going over his chart in the presence of the correctional officer escort that was with her, the officer that was working the housing unit and all the other inmates that were on their doors listening awaiting to request medical attention.
4. On May 25 2019 between the hours of 8:30 am and 12:00 noon the plaintiff requested to be seen by medicvla during sick call rounds. A doctor **LAURA HUNT** was the doctor that day and once the plaintiff informed her that he needed to be seen my medical; she opned his chart up and began to discuss the issues that he has in regards to the medical attention that he was requesting; she informed the plaintiff that she would prescribe medication for his on-going mediaal issue and discussion that took place informt of the escorting correctionla officer that she was with and the housing unit officer as well as the other inmates that were awaiting sick call also.
5. On May 26 2019 between the hours of 8:30 am and 12:00 noon

doctor JUSTIN WILSON was conducting sick call on housing unit 9 north and when he got to cell 7 the plaintiff requested to be seen and the plaintiff then attempted to stop the doctor when he began to discuss the plaintiff medical history in regards to the complaint that he was making on that day; the doctor informed the plaintiff that he would prescribe medical but that the triage room was locked and that they didn't have the keys to be able to examine him. The doctor stated all of this while still speaking about the plaintiff medical history in front of the other inmates that were awaiting to ask for sick call and the correctional officer that was escorting him as well as the housing unit correctional officer on that day..

6. On June 26 2019 doctor BESSIE FLORES-CLEMENTE was on the housing unit around the hours of 9:30 am and 12:00 noon doing sick call for the unit that the plaintiff was housed in. When the plaintiff asked why isn't he being examined in regards to his medical complaint and why was his medical history being read out aloud instead of taking him into the triage room where he was getting examined before, the doctor told the plaintiff that he was making things difficult and that she didn't have to even come upstairs to afford them, "meaning the plaintiff and all the inmates in his housing unit, sick call; the plaintiff explained that he was in pain and the doctor briefly ran down the plaintiff history for the issue that he was complaining about and informed him that she would prescribe medication. This conversation was not spoken in front of the correctional officer that escorted her but it was in the piceson where the inmates on the unit heard what the plaintiff issue was and the housing unit officer on that day.

7. On July 2nd 2019 doctor IRA GORNISH entered the unit around 8:30 am and 12:00 noon to conduct sick call. When he got to the plaintiff cell he stated that he didn't need to read the medical history out and that he knew that the plaintiff issue was and that he would prescribe medication,

to address his issue. The plaintiff asked to be examined and have his vitals taken because he didn't feel too well and the doctor told him to drink more water and do exercises and walked off to the next inmate.

8. On July 3rd 2019 doctor **HESTER MOULTON** conducted sick call rounds in housing unit 9 north and when she stepped up to the plaintiff cell 7 she attempted to go over the medical history in a lower tone and was not successful because once she was gone the inmate in 12 cell asked the plaintiff if he was going for foot surgery cause he heard the doctor say that the plaintiff pain was on-going issue for years now; the discussion between the plaintiff and the doctor took place in ear shot of the inmates in the housing unit as well as the escorting correctional officer and the housing unit officer.

9. On July 12th 2019 the plaintiff had a mental health doctor visit him while he was in his cell 7.; doctor **GABRIELIA SANDOVAL** walked up to the plaintiff cell and spoke with the plaintiff in regards to his mental health matter while in ear shot of the housing unit correctional officer and the inmates on housing unit.

10. On July 29th 2019 around 8:30 am - 12:00 noon while conducting sick call on housing unit 9 north doctor **TERESA CAUDRA** approached the plaintiff when he called her over to his cell door to explained that he needed to be examine in regards to feeling pain and feeling sick. The doctor while in ear shot of the housing area officer, the escorting officer and other inmates on the housing unit briefly went over the plaintiff's medical history and explained that the only thing she could do was prescribe him medication for his situation.

11. On July 30 2019 when doctor **IRA GORNISH** came to the plaintiff's housing unit for sick call around 8:30 am - 12:00 noon, when he got to the plaintiff cell door he was already saying I already know you are in pain for your foot I am not going to examine you but I will document

it and order you some pain killers; when the plaintiff voiced that he was uncomfortable with him always discussing his medical matter out loud when he comes to the unit the doctor told him "NOT TO COME TO JAIL", all while in ear shot of the housing unit officer, the escorting correctional officer as well as the inmates in the housing unit.

12. On August 14 2019 around 8:30 am - 12:00 noon doctor IRA GORNISH approached the plaintiff cell when he called him over to request sick call, before he was near the plaintiff cell he began to go over the plaintiff's medical chart that he always has and stated "I KNOW THAT I PUT YOU IN TO BE SEEN", he then explained that the plaintiff's pain is due to foot deformity and he may ned surgey done. This conversation / complaint/ sick call request took place while in ear shot of the correctional officer that escort the doctors when doing sick call rounds, the housing unit coprectional officers and inmates in the housing unit.

13. On August 20 2019 when the doctor "**NAME UNKNOWN**" conducted sick call rounds in the plaintiff's housing unit. When the doctor got in front of the plaintiff door he also began to openly discuss the plaintiff medical chart in ear shot of the escorting officer, the housing unit officer and inmates in the housing unit around 8:30 am - 12:00 noon. The plaintiff expressed to the doctor his medical complaint and also explaieded that he was uncomfortable with the way that medical was being offered when the triage room was ten feet away from the housing unit.

14. On September 12 2019 around 8:30 am - 12:00 noon doctor IRA GORNISH conducted sick call rounds on housing unit 9 north and again when he approached the plaintiff's cell it seem as if his voice got louder as he explained to the plaintiff that he seemed to always be sick for one reason or another; when the plaintiff requested that his vitals be taken and he be examined the doctor said you will be fine and that he would order him something and moved on to the next inmate requesting medical care.

15. On September 24 2019 doctor **DEBRA MAYERS** conducted sick call rounds in housing unit 9 north around 8:30 am - 12:00 noon and when she got to the plaintiff's cell which is cell 7, she began to read the plaintiff's medical records from his chart that she had in her hands. When the plaintiff explained that he was in pain and needed his vital taken she responded to him informing him that she didn't have the keys to the triage room but would note his medical complaint. When she read his medical chart to him it was in ear shot of the inmates on the housing unit, the officer that was escorting her and the housing unit officer also.

16. **EXHIBIT -A** is the grievance that the plaintiff filed in regards to the manner in which his medical information was being exposed as well as the fact that he was being denied the right to speak privately and be examined when requesting sick call.

INADEQUATE MEDICAL TREATMENT / MALPRACTICE FACTORS

17. On Feb 15 2019 the plaintiff was seen by doctor **EDITH OGBENNA** during the sick call and he complained of stomach pain. The plaintiff informed the doctor that he had been having this pain for two 2x weeks prior to the medical visit that day. The plaintiff was examined in the triage room and informed that the pain he was experiencing was called EPIGASTRIC PAIN SEE EXHIBIT - B. The plaintiff was prescribed Omeprazole Capsule delayed release, 20 mg, total dose: 20 mg, orally, daily, 30 days.

18. On Feb 22 2019 the plaintiff was seen for a follow up of his complaint for sick call made on Feb 15 2019 by a doctor **BESSIE FLORES-CLEMENTE** where he explained that the medication he was given was not working for the pain that he was feeling and he was told that the medication would end on March 17 2019 and to give it the opportunity to work. SEE EXHIBIT - C.

19. On March 2 2019 the plaintiff was seen by doctor **GLORIA INHENACHO** during the housing unit sick call where he complained about ABDOMINAL PAIN; vomiting. The plaintiff was taken to the triage room and examined while explaining that his stomach was burning, that he was constantly experiencing the feeling of nausea and vomiting any solid food that he eat. The doctor prescribed Zantac 300mg PO STAT and told the plaintiff that moving forward he would be receiving Zantac tablet, 150 mg total dose 2 tabs, orally, stat and that instead of the 20 mg of Omeprazole he would be raised to 40 mg of Omeprazole orally daily for 30 days. SEE EXHIBIT -D.

20. On March 7 2019 during the sick call procedure on 9 north the plaintiff was seen by doctor **BESSIE FLORES-CLEMENTE** for a second time where he again complained that the medication he was taking was not helping his pain. This time the plaintiff was informed that the feeling that he was experiencing was actually heartburn and at that point he was informed that he would be taking Zantac 150 mg twice 2x a day for 30 days. The plaintiff was also informed that on March 23 2019 he was scheduled to have an annual physical were his stomach pain would be further assessed. SEE EXHIBIT - E.

21. On March 12 2019 the plaintiff was seen during sick call by doctor **IRA GORNISH**. This date he was examined in the triage room and after the examination was told by the doctor that he was suffering from **GERD** (GASTRO-ESOPHAGEAL REFLUX DISEASE) and that it was normal and that there was nothing that could be done about the matter other then the plaintiff continuation of ZANTAC. SEE EXHIBIT - F.

22. On March 23rd 2020 the plaintiff was seen and examined at the facility clinic for an annual physical and cleared with having no medical issues. The matter of his constant stomach pain was never addressed any further.

22. On dec 25 2019 the plaintiff complained of having severe stomach pains while being locked inside of his cell. A medical emergency was called and the plaintiff was seen by a doctor SPITZ at the facility clinic area cubicle number 2. The doctor gave the plaintiff TYLENOL and informed him that there wasnt much more that he could do for him and that maybe it was from something that he eat.

23. As the plaintiff was being escorted back to his housing unit by CO SIMON JR, as he entered the housing unit the plaintiff collapse and fainted. An medical emergency was called and the plaintiff was awoken by medical staff using the amioia stick by his nose.

24. The plaintiff was again taken to the facility clinic area this time he was placed in cubicle number 3 and told to stay there for a few hours for observational purposes before being returned to his cell later on that night.

25. On Dec 29 2019 the plaintiff while locked in his cell began to experience shooting pain, vomiting and lost of breath to the point were a medical emergency was called.

26. Upon arriving to his the unit the plaintiff was carried out of his cell by CO HARRISON and placed in a medical garney. As soon as he gain his breath he began to vomit agin in a projectile fashion. After vomiting he was placed on the oxygen tank to ensure that he was receiving air and was taken down to the facility medical clinic area and placed in cubicle number 2 while the doctor contacted NMS so that the plaintiff could be transported to an out-side hospital.

27. In review of EXHIBIT - G you will find the medical records of the plaintiff's from the trip taken that night to New York Presbyterian hospital. After multiple examination it was learned that the plaintiff

had numerous gallstones as followed: (1) in the size of being 4.0 cm; (2) one of being in the size of 2.7 cm; (3) and one of being in the size of 2.9 cm. The plaintiff had biliary ductal dilatation and his abdominal wall contained a hernia.

28. The plaintiff was admitted and seen numerous times by the hospital surgery team and informed that his gallbladder needed to be removed surgically but that unfortunately the gallbladder was inflamed and infected and that he would need to stay for a day or two hooked up to iv fluids and antibiotics to see if the infection and inflammation would leave so that the surgery could commence.

29. After two days he was released back to the facility and prescribed Augentin for two weeks 2x 14 days until the infection and inflammation left and then he would be scheduled for surgery to remove his gallbladder. The plaintiff was placed on a low fat diet also., due to being diagnosed with having **ACUTE CHOLECYSTITIS AND A HERNIA.**

PLAINTIFF'S PRIVACY RIGHT ISSUES / FACTORS:

30. On March 2 2019 the plaintiff was seen by the visiting podiatrist in the facility clinic area in cubicle number 2 when he noticed that the camera above seemed as if it was zooming in on him during the time that he was getting examined.

31. On May 20 2019 when being seen in the same cubicle number two (2) by the visiting podiatrist the plaintiff again noticed that the camera above seemed to be zooming in on him when he was being examined.

32. On June 3 2019 while being seen by the visiting podiatrist in cubicle number 2, the plaintiff looked up and saw that the camera was zooming in on him as he was being examined.

33. On March 23 2019 while the plaintiff was being examined for his annual physical check up while laying in the bed area in cubicle number 2 he noticed the feeling of being watched and looked up and saw that the camera above was zooming in on him as he was taking his clothes off to get examined.

34. On September 25 2019 during a follow up for a slip and fall injury the plaintiff was in the facility clinic area cubicle 3 believe and again while being examined he noticed that the camera lense had began to zoom in as he was taking his clothes off.

35. On December 25 2019 plaintiff was examined in the facility clinic area cubicle number 2 when he first went down door to a medical emergency and was given TYLENOL by doctor SPITZ, while he was being examined he looked and noticed that the camera above lense had began to zoom in and focus on him as he was being seen.

36. On December 25 2019 after he fainted and was returned to the facility clinic area he purposely asked to be placed and examined in cubicle number 3 because of the camera that zoomed into number 2. Once he was laid in the examination bed in cubicle number 3 as he was being examined he realized that the camera that sat on the wall next to a interior between cubicles number 1 and 2 lense began to focus in on him as he was getting undressed to be examined.

RETALIATION FACTORS :

37. Since complaing about the medical care that he has not been receiving the plaintiff has been retaliated against by the defendants and other other staff due to his litigations in this matter and other cases.

38. On December 31 2019 the plaintiff complained that the facility was denying him the correct diet in preparations of the surgy for gallbladder removal. The response stated that he was on the therapeutic list and as

of the date of this filling of the amendment that plaintiff diet has still not been corrected; even though the medical staff as well as the facility is aware that the regular die~~t~~ is what was the cause of gallbladder. SEE EXHIBIT - H.

39. On Jan 21 2020 when returning from court the plaintiff was forced to sit in the back of a transportation van for over an hour and half after a medical emergency being called due to sharp pains and vomiting in his stomach. The plaintiff was hand cuffed and chained for the period of this time as well. SEE EXHIBIT - I.

40. On March 9 2020 the plaintiff began to experience signs of flu and sickness which lead to him throwing up and spitting blood while locked in the cell in housing unit 9 north. At this time the facility medical staff were not treating him out of acts of being malicious and retaliatory . SEE EXHIBIT - J. His complaint was forwarded to medical division for review.

41. On March 12 and March 13 of 2020 the plaintiff complained to the facility officials that medical staff had been refusing to conduct sick call on housing unit 9 north due to the filing of a 1983 by the plaintiff and several other inmates. The plaintiff was denied sick call even after explaining the sickness feelings he were experiencing , SEE EXHIBIT - K.

42. On March or about March 25 2020 the plaintiff began to complain that that facility was failing to properl enact preventive measures to protect him from the transmission of the COVID -19 that was plaugging the city. The facility was not issuing masks to the plaintiff nor the staff that was working the housing unit. The facility was not issuing cloth pads and instructing correctional officers to clean the phones on housing unit 9 north, knowing that the inmates shared the phone daily through the recall officer who conducted calls by way of passing the phone from cell to cell for the inmates. SEE EXHIBIT-L.

43. On July 18 2020 the plaintiff's defense attorney wrote and sent a letter to **NYC DEPARTMENT CORRECTIONS, LEGAL DEPARTMENT LOCATED @ 75-20 ASTORIA BLVD, EAST ELMHURST, NY 11370;** addressing the plaintiff's denial of medical attention and the fact that he was being singled out and retaliated against by an assistant deputy warden at the jail due to his civil litigation and complaints. SEE EXHIBIT - M.

42. Submitted with the letter from the plaintiff's defense attorney Julie A. Clark was hereto attached as EXHIBIT - N 311 complaints that were made by the plaintiff's wife Crystal Williams addressing the plaintiff's denial of medical attention.

43. On or about March 30 2020 the plaintiff was denied medical attention to the point where his second defense counsel Jeffery Chabrowe had to call the jail and speak with the tour commander dep. MARIA and housing area captain LYBIRD, to address and complain that his client being the plaintiff had a respiratory issue history and that he needed medical assistance. This act lead to the plaintiff being tested for temperature which ended up being 102.8 where he was rushed to **RIKER ISLAND WST FACILITY** FOR observation and coronavirus testing. It was lead that the plaintiff had a sickness called HYSMOTIA, and not COVID-19.

44. Until this date the only time that sick call is offered to the plaintiff is on the weekends by doctors that were not named herein as defendants; this has been that case since exactly March 12 2020.

AS AND FOR THE FIRST CUASE OF ACTION FOR
CONSTITUTIONAL VIOLATIONS THAT FALL UNDER
UNDER 42 U.S.C § 1983

45. The plaintiff, ALEXANDER WILLIAMS JR, repeats, reiterates and realleges each and every paragraphs of this complaint and further alleges:

46. The level or negligents and denial of medical care by the defendants CITY OF NEW YORK ; ADW ELYN RIVERA; CAPTIN J HERNANDEZ SHEILD NO 1806; DR. DEBRA MAYERS; IRA GORNISH; TERESA CUADRA; HESTER MOULTON; BESSIE FLORES-CLEMENTE; JUSTIN WILSON; LAURA HUNT; CAROLYN DICKIE; CORRECTIONAL HEALTH SERVICES; was objectively unreasonable and in violation of the plaintiff **ALEXANDER WILLIAMS JR'S** constitutional rights.

47. The above mention defendant in ¶¶(46) has established a patterned of retaliation through way of denying the plaintiff adequate medical care and instituting new policies that enable the plaintiff to further request medical assistnt through way of sick call by creating a system and instructing the plaintiff to call medical via telephone to request sick call as seen in **EXHIBIT - O**, when it is known that the plaintiff is housed in a court order lock down housing unit and has his phone and pin restricted to where he may only call the numbers that the court approved and that are listed on the recall officer / facility C.O.C.D. sheet.

48. The Courts have long decided in SPICER V. WILLIAMSON, 191 N.C.

487, 490, 132 S.E. 291, 293 (1926), that even as a pre-trail detainee with the U.S. Const requires that the jails provide pre-trail detainees with adequate medical care. Not examining the plaintiff when complaining of sickness and having a pre-existing medical sickness that is documented in his medical records is support of this claim.

AS AND FOR THE SECOND CAUSE OF ACTION FOR
MUNICIPAL LIABILITY

49. Plaintiff **ALEXANDER WILLIAMS JR** RKPeats, reiterates, and realleges; each and every paragraph of this complaint and further alleges:

50. Defendant(s) **CITY OF NEW YORK**, while acting under color of state law, engaged in a conduct that constituted a custom, usage, practice, procedure

or rule of the respective municipality/authority, which is forbidden by the Const of the United states.

51. The aforesaid customs, polices, usages, practices, rules used by the defendant's CITY OF NEW YORK include, but were not limited to, wrongfully instituting a policy that is in conflict with the following polices already set by NYC Board of Corrections; § CONFIDENTIALITY, 2-07 (A)(B) AND § 3-01 SERVICE GOALS AND PURPOSES, (A)(1 - 2) (B); as well as the polices mentioned herein EXHIBIT - O, where as the plaintiff only being able to request sick call by way of a phone when the defendant CITY OF NEW YORK IS AWARE OF THE PLAINTIFF's telephone restrictions due to the housing area he is placed in .

52. That the foregoing explained conduct was instituted in efforts to target the Plaintiff ALEXANDER WILLIAMS JR FOR prior complaints against the defendant CITY OF NEW YORK and its employees.

53. The foregoing customs, polices, practices, procedures and rules of the CITY OF NEW YORK AND CORRECTIONAL HEALTH SERVICES were the direct and proximate cause of the Const Violations suffered by the plaintiff ALEXANDER WILLIAMS JR; as alleged herein.

54. The foregoing customs, polices, usages, practices, procedures and rules OF THE CITY OF NEW YORK AND CORRECTIONAL HEALTH SERVICES were the moving force behind the Const violations suffered by plaintiff ALEXANDER WILLIAMS JR AS alleged herein.

55. Defendants CITY OF NEW YORK, while acting under the color of state and federal law, were directly and actively involved in violating the plaintiff ALEXANDER WILLIAMS JR 's Const Rights.

56. All of the foregoing acts by Defendant CITY OF NEW YORK, its agents, servants and/or employees, deprived Plaintiff ALEXANDER WILLIAMS

JR of Federally protected rights including but not limited to , the eight:

- (a) To be free from unwanted/unwarranted malicious retaliation
- (b) To be free from cruel and unusual punishment
- (c) To receive equal protection under the law
- (d) To be given adequate medical care and/or treatment
- (e) To the right to privacy in medical information and medical examination.

AS AND FOR THE THIRD CAUSE OF ACTION FOR
VIOLATION OF DUE PROCESS & FOURTEENTH AMENDMENT

57. The plaintiff ALEXANDER WILLIAMS JR, repeats, reiterates, and realleges each and every paragraph of this complaint and further alleges:

58. Defendant(s) CITY OF NEW YORK; ADV ELYN RIVERA; CAPTIN J HERNENDEZ SHILED NO 1806; DR DEBRA MAYERS; IRA GORNISH; TERESA CUADRA; HESTER MOULTON; BESSIE FLORES-CLEMENTE; JUSTIN WILSON; LAURA HUNT; CAROLYN DICKIE; CORRECTIONAL HEALTH SERVICES; was objectively unreasonable and in violation of the Plaintiff ALEXANDER WILLIAMS JR'S Const Rights.

59. The above mentioned defendant in paragraph 58 has established a patterned of violation through way of violation of the plaintiff's Due Process Rights afforded to pre-trial detainees and established by that of the courts in BENJAMIN V. FRASER, 343 F.3d 35, 49 (2d CIR. 2003); SEE ALSO CITY OF REVERS V. MASS. GEN HOSP., 463 U.S. 239, 244, 103 S. Ct. 2979, 77 L.Ed 2d 605 (1983).

60. WHILE acting under color of law the defendants named herein in paragraph 58, engaged in a conduct where the plaintiff ALEXANDER WILLIAMS JR , right to privacy when dealing with medical records, mental health records, medical information, mental health information and medical examination when the plaintiff was examined in an area for medical reasons that was and still is in an area that is/can be/ and unlawfully being monitored

and/or recorded by a third party without consent from the plaintiff and/or without giving plaintiff option to refuse and/or without plaintiff knowledge.

61. The Courts established in JORDAN V DOE (1994, CA11 Fla) 38 F.3d 1599, 8 FLW Fed C 829 (Abrogated as stated in TOMBERLIN V CLARK(2014, ND Ala)(2014 US Dist LEXIS 20344)), conditions to which pretrial detainees are confined are authorized under Due Process Clauses of 5th and 14th Amendments; in regard to providing pretrial detainees with such basic necessities as food, living space, MEDICAL CARE, is a minimum standard allowed by Due Process; and it is the plaintiff believeth that the defendants nameherin did engage in an activity that lead to the violation of the protected rights stated under this statue but not limited to any other violations that the court may deem taken place.

62. It is well establish that the medical privacy of anyone is deemed private in nature as in the facility allowing the plaintiff to be monitored recorded and/or examined under this type of condition is a violation whereas the facility is a jail under the CITY OF NEW YORK MUNICIPALITY just as Rikers Island jails as well as the Hospitals within the jurisdiction of the CITY OF NEW YORK where they medical information and medical examined in city based hospitals and the other Jails on Rikers island are ~~not~~ not set up in a fashion where the patients being examined in city hospitals are recorded by camera or viewed by camera and as the same for the detainees being medically examine in the jails on Rikers Island whereas they are not record and/or viewed by camera when they are in area where that they are naked, medical records are in view, and/or when discussing medical issues and pre-existing medical sicknesses.

63. All of the foregoing acts by the defendants and herein paragraph 57 did deprive plaintiff ALEXANDER WILLIAMS JR of rights protected under Due Process Clause of the Fourteenth Amend.

AS AND FOR THE FOURTH CAUSE OF ACTION FOR
NEGIGENT HIRING AND RETENTION

64. The plaintiff ALEXANDER WILLIAMS JR repeats, incorporates, and alleges each and every paragraph of this complaint and further alleges:

65. Defendant(s) CITY OF NEW YORK was careless and reckless in hiring and retaining as for its employees including but not limited to the defendants named as being; ADW ELYN RIVERA; CAPTIN J HERNANDEZ SHEILD NO 1806; DR DEBRA MAYERS; IRA GORNISH; TERESA CAUDRA; HESTER MOULTON; BESSIE FLORES-CLEMENTE; JUSTIN WILSON; LAURA HUNT; CAROLYN DICKIE; CORRECTIONAL HEALTH SERVICES, who are responsible for creating, using, implementing policies that are in conflict with minimum standards; and that said defendants CITY OF NEW YORK failed to exercise due care and caution in its hiring practices, and in particular, in hiring the employees mentioned above who lacked the mental capacity and ability to function as employees of defendants CITY OF NEW YORK; in that the defendants CITY OF NEW YORK lacked the experience, deportment and ability to be employed by the CITY OF NEW YORK; in that the defendants employees lacked the maturity, sensibility and intelligence to be employed by the CITY OF NEW YORK ; in that the defendants CITY OF NEW YORK knew of the lack of the ability, experience, deportment and maturity of said employee when they hired them to be employees; and that defendants CITY OF NEW YORK ,its agents, servants and/or employees were otherwise careless, negligent and reckless.

66. Defendant CITY OF NEW YORK, knew or should have known in the exercise of reasonable care, the propensities of its employees, agents, servants and/or staff, to engage in the wrongful conduct heretofore alleged in this complaint.

AS AND FOR THE FIFTH CAUSE OF ACTION FOR
NEGIGENT TRAINING AND SUPERVISION

67. Plaintiff ALEXANDER WILLIAMS JR, repeats, reiterates, and realleges each and every paragraph of this complaint and further alleges:
68. The failure of the Defendant CITY OF NEW YORK to adequately train, supervise, discipline or in any way control the behavior and acts of its agents, servants and/or employee, in the exercise of their employment functions, and the failure to enforce the laws of the State of New York and the regulation and minimum standards of NYC Depart of Corrs is evidence of the reckless lack of cautious regards for the rights of all inmates including the plaintiff ALEXANDER WILLIAMS JR - Further, the defendant CITY OF NEW YORK exhibited a lack of that degree of due care which prudent and reasonable individuals would show.
69. The failure of the defendant CITY OF NEW YORK to train, supervise, discipline or in any other way control its agents, staff, servants and/or employees, in the exercise of their employment functions and the failure to enforce the laws of the State of New York and the regulations and minimum standards of NYC Department of Corrections, was carried out willfully, wantonly, maliciously and with such reckless disregard for the consequences as to display a conscious disregard for the dangers of harm and injury to all the inmates of the Manhattan Detention Complex, including the plaintiff ALEXANDER WILLIAMS JR.

AS AND FOR THE SIXITH CAUSE OF ACTION FOR
RESPONDEAT SUPERIOR LIABILITY

70. Plaintiff ALEXANDER WILLIAMS JR, repeats, reiterates, and realleges each and every paragraph of this complaint and further alleges:

71. Defendants **CITY OF NEW YORK** is vicariously liable for the acts of its employees and agents who were on duty and acting in the scope of their employment when they engaged in the wrongfully conduct described herein.

72. As a result the foregoing the Plaintiff **ALEXANDER WILLIAMS JR** IS ENTITLED to compensatory and punitive damages request herein this complaint.

INJURIES

73. As a results of the defendants and their actions the Plaintiff **ALEXANDER WILLIAMS JR** rights were violated as mention below but not limited to those below:

- A. 8TH AMEND.
- B. CREATING & MAINTAING CUSTOM POLICY
- C. 5TH AMEND.
- D. 14TH AMEND.
- E. 4TH AMEND.
- F. 6TH AMEND.
- G. DEFIENT MANAGEMENT
- H. SUPERIOR RESPONDAET
- I. FAILURE TO TRAIN
- J. FAILURE TO SUOPERVISON/SUPERVISE

RELIEF SOUGHT:

74. As a result of the foregoing violation stated herein the Plaintiff **ALEXANDER WILLIAMS JR** is entitled to compensatory damages in the sum of Two Million Five Hundred Thousand dollars (\$2,500,000.00) and is further entitled to punitive damages in the sum of Two Million Five Hundred Thousand dollars (\$2,500,000.00)

75. WHERE plaintiff **ALEXANDER WILLIAMS JR** demands judgement against the defendants **CITY OF NEW YORK; ADW ELYN RIVERA; CAPTIN J HERNANDEZ SHEILD**

NO. 1805; DR DENRA MAYERS; IRA GORNISH; TERESA CUADRA; HESTER MOULTON; BESSIE FLORES-CLEMENTE; JUSTIN WILSON; LAURA HUNT; CAROLYN DICKIE; CORRECTIONAL ^{Thousand} HEALTH SERVICES, in the amount of Two Million five Hundred dollars (\$2,500,000.00) to compensatory damages and Two Million Five Hundred Thousand dollars (\$2,500,000.00) in punitive damages, plus reasonable filing fees, court fees, serving and disbursements fees of this action.

76. WHEREFORE the Plaintiff ALEXANDER WILLIAMS JR., demands INJUNCTION RELIEF IN the following:

1.

- The cameras mentioned herein and in the facility clinic where the plaintiff and all detainees engage in medical examination take place that the cameras and/or personnel in room where monitors are located and can view, record, still shoot be removed.
- That the Plaintiff be taken to a separate room whenever he is examined, engage in discussion with mental health staff and/or medical staff where cameras can not record, view, still shoot him when he is engaging in this protected right.
- That the plaintiff be able to engage in the right to sick call and to be seen and/or examined by medical staff that does not lack the mental capacity in their duties.
- That the plaintiff be moved to a facility where retaliation from staff and medical personnel he is free from.

And for whatever other relief that the Court may deem just and proper.

EXHIBIT -A

Emulate copy

ATTACHMENT - C

CITY OF NEW YORK - DEPARTMENT OF CORRECTION		Form.: 7102R Eff.: 9/14/18 Ref.: Dir. 3376R-A
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES DISPOSITION FORM		
Grievance Reference #: N/G	Date Filed: 11/20/2019	Facility: MDC/9 North
Inmate Name: Williams, Alexander	Book and Case#: 141-18-01632	Category: 4
From OCGS Inmate Statement Form, print or type short description of grievance:		
<p><u>Any time that i request sick call the doctor stands at my door and discuss the medical matter with me in the presence of correctional staff as well as other inmate who can hear what my medical issue is on their door. this matter has happened even when speaking with the mental health staff in regards to my open mental health case when they meet with me monthly.</u></p> <hr/> <hr/> <hr/> <hr/>		
Action Requested by Inmate: <u>Like to be seen in private when making sick call claim as well as when speaking to mental health clinician.</u>		
STEP 1: FORMAL RESOLUTION		
Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Submission is not subjected to the Grievance Process		
The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process.		
<p><u>11/20/2019 the OCGS Coordinator informed grievant that staff complaint are submissions not subject to the grievance process and has been forwarded to Medical for investigations.</u></p> <hr/> <hr/> <hr/> <hr/>		
CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE <i>(Failure to sign forms will forgo your right to appeal the proposed resolution.)</i>		
<input checked="" type="checkbox"/> Yes, I accept the resolution <input type="checkbox"/> No <input checked="" type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer.		
<small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.</small>		
Inmate's Signature: <i>alene jones</i>	Date:	11-20-19
<input type="checkbox"/> Preliminary Review Requested		
Grievance Coordinator/Officer Signature: <i>John H. Miller</i>	Date:	11/20/2019

REF # 2620776

**CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM**

 Form: Y81RA
Ex. 34416
Ref.: DR.3378RA

NYOID #: 01897858L

Inmate's Name:	38 ALEXANDER WILLIAMS JR	Book & Case #:	141-180-1632
Facility:	M.D.C.	Housing Area:	9 NORTH
		Date of Incident:	NOV 9 2019
		Date Submitted:	NOV 10 2019

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:
ANY TIME THAT I REQUEST SICK CALL THE DOCTOR STANDS AT MY DOOR AND DISCUSS THE MEDICAL MATTER WITH ME IN THE PRESENCE OF CORRECTIONAL STAFF AS WELL AS OTHER INMATES WHO CAN HEAR WHAT MY MEDICAL ISSUE IS ON THEIR DOOR. THIS MATTER HAS HAPPEN EVEN WHILE SPEAKING WITH THE MENTAL HEALTH STAFF IN REGARDS TO MY OPEN MENTAL HEALTH CASE WHEN THEY MEET WITH ME MONTHLY.

Action Requested by Inmate: LIKE TO BE SEEN IN PRIVATE WHEN MAKING SICK CALL CLAIM AS WELL AS WHEN SPEAKING TO MENATL HEALTH CLINICIAN.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff? Yes No

Do you need the OCGS staff to write the grievance for you? Yes No

Have you filed this grievance with a court or other agency? Yes No

Did you require the assistance of an interpreter? Yes No

Inmate's Signature:

Date of Signature:
NOV 10 2019

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP
2020-AUG-15
DEPT OF CORRECTION
INMATE SIGNATURE

Grievance Reference #

Category:

STAFF Complaint

Office of Constituent and Grievance Services Coordinator Office Signature:
R. Williams

EXHIBIT - B



Insurance: Self Pay

WILLIAMS, ALEXANDER

NYSID: 01897858L BookCase: 1411801632

Facility Code: MDC Housing Area: 9N

38 Y old Male, DOB: 02/08/1981

Account Number: 107220

195 UTICA AVE, 2F, 1K, BK, NY-11223

Appointment Facility: Manhattan Detention Center

02/15/2019

Edith Ogbenna, RNC,FNP BC

Past Medical History

Chickenpox

Allergies

Seafood: anaphylaxis: Allergy

Reason for Appointment

1. Epigastric pain

History of Present IllnessNotes:

c/o epigastric pain and acid reflux symptoms x 2 weeks. denies loss of appetite nausea vomiting and diarrhea.

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

BP			
123/78	02/15/2019 10:32:56	AM Eastern Standard	Edith Ogbenna
Time			
Pulse			
59	02/15/2019 10:32:56	AM Eastern Standard	Edith Ogbenna
Time			
RR			
14	02/15/2019 10:32:56	AM Eastern Standard	Edith Ogbenna
Time			
Temp			
97.2	02/15/2019 10:32:56	AM Eastern Standard	Edith Ogbenna
Time			
SaO2			
97	02/15/2019 10:32:56	AM Eastern Standard	Edith Ogbenna
Time			

Patient: WILLIAMS, ALEXANDER DOB: 02/08/1981 Progress Note: Edith Ogbenna, RNC,FNP
BC 02/15/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Examination

General Examination:

GENERAL APPEARANCE: well-appearing, no acute distress.
HEENT: HEAD:-, normocephalic, atraumatic, EYES:-, PERRLA, EOMI, EARS:-, external ear unremarkable, NOSE:-, normal pink mucosa, THROAT:-, clear, no exudate.

ORAL CAVITY: ORAL MUCOSA:, no lesions, mucosa moist.

NECK: supple, no thyromegaly, no lymphadenopathy, no carotid bruit, no JVD, normal ROM, non-tender, THYROID:-, no thyromegaly, nontender and FROM, supple.

HEART: RATE:-, regular, RHYTHM:-, regular, HEART SOUNDS:-, normal S₁S₂, MURMURS:-, none.

CHEST: SHAPE AND EXPANSION:-, normal.

LUNGS: clear to auscultation, no wheezes/rhonchi/rales.

ABDOMEN: soft, NT/ND, BS present, no masses palpated, no guarding or rigidity, no hepatosplenomegaly.

Assessments

1. Gastro-esophageal reflux disease without esophagitis - K21.9

Treatment

1. Gastro-esophageal reflux disease without esophagitis

Start Omeprazole Capsule Delayed Release, 20 MG, Total Dose: 20 mg, Orally, Daily, 30 days, Drug Source: Pharmacy

Follow Up

daily bing round

Disposition: General Population



Electronically signed by Edith Ogbenna on 02/15/2019 at 06:38 PM EST

Sign off status: Completed

Manhattan Detention Center
125 White Street

Patient: WILLIAMS, ALEXANDER DOB: 02/08/1981 Progress Note: Edith Ogbenna, RNC,FNP
BC 02/15/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

New York, NY 10013
Tel: 347-774-7000
Fax: 347-774-8088

Patient: WILLIAMS, ALEXANDER DOB: 02/08/1981 Progress Note: Edith Ogbenna, RNC,FNP
BC 02/15/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

EXHIBIT - C



Insurance: Self Pay

WILLIAMS, ALEXANDER

NYSID: 01897858L BookCase: 1411801632

Facility Code: MDC Housing Area: 9N

38 Y old Male, DOB: 02/08/1981

Account Number: 107220

195 UTICA AVE, 2F, 1K, BK, NY-11223

Appointment Facility: Manhattan Detention Center

02/22/2019

Appointment Provider: Bessie Flores-Clemente, PA

Current Medications**Taking**

- Omeprazole 20 MG Capsule Delayed Release Total Dose: 20 mg Daily, stop date 03/17/2019, Drug Source: Pharmacy

Past Medical History

Chickenpox

Allergies

Seafood: anaphylaxis: Allergy

Reason for Appointment

1. Medication Duration

History of Present IllnessNotes:

Pt inquires re: Omeprazole duration.

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUTITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

VS - Pt declined.

ExaminationGeneral Examination:

GENERAL APPEARANCE: well-appearing, well-developed, no acute distress.

Assessments

1. Encounter for general adult medical examination without abnormal findings - Zoo.oo (Primary)

Treatment

1. Encounter for general adult medical examination without abnormal findings

Notes: Pt ed done including informed that Omeprazole, exp 03/17/2019.

2. Others

Notes: eCW/Encounters indicated pt has 03/23/2019 Medical FU, Re: Annual Physical.

Follow Up

prn (Reason: SCT)

Disposition: General Population

Patient: WILLIAMS, ALEXANDER DOB: 02/08/1981 Progress Note: Bessie Flores-Clemente,
PA 02/22/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Appointment Provider: Bessie Flores-Clemente, PA



**Electronically signed by Bessie Flores-Clemente , PA on
02/22/2019 at 09:56 AM EST**

Sign off status: Completed

Addendum:

02/22/2019 09:58 AM Flores-Clemente, Bessie > Correction: FU As
Per Protocol of 9 North Sick Call Rounds.

Manhattan Detention Center
125 White Street
New York, NY 10013
Tel: 347-774-7000
Fax: 347-774-8088

**Patient: WILLIAMS, ALEXANDER DOB: 02/08/1981 Progress Note: Bessie Flores-Clemente,
PA 02/22/2019**

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

EXHIBIT - D



Insurance: Self Pay

WILLIAMS, ALEXANDER

NYSID: 01897858L BookCase: 1411801632
 Facility Code: MDC Housing Area: 9N
 38 Y old Male, DOB: 02/08/1981
 Account Number: 107220
 195 UTICA AVE, 2F, 1K, BK, NY-11223

Appointment Facility: Manhattan Detention Center

03/02/2019

Appointment Provider: Gloria Ihenacho, MD

Current Medications

Taking

- Omeprazole 20 MG Capsule Delayed Release Total Dose: 20 mg Daily, stop date 03/17/2019, Drug Source: Pharmacy
- Multivitamin Adult - Tablet Total Dose: 1 tab Daily, stop date 03/30/2019, Drug Source: Pharmacy

Past Medical History

Chickenpox

Allergies

Seafood: anaphylaxis; Allergy

Reason for Appointment

1. SICK CALL: ABDOMINAL PAIN;VOMITING

History of Present IllnessNotes:

C/o epigastric burning pain and nausea and vomiting of recently eaten solid food none with fluid or water

Has normal bowel movement.

NURSING ROS:

8:15PM- Pt given Zantac 300mg PO STAT per Dr.Ihenacho order.
 A.Burke RN*.

Vital Signs

BP		
119/77	03/02/2019 07:44:38	PM Eastern Standard Candice Davis Time
Pulse		
70	03/02/2019 07:44:38	PM Eastern Standard Candice Davis Time
Temp		
98.2	03/02/2019 07:44:38	PM Eastern Standard Candice Davis Time
SaO2		
100	03/02/2019 07:44:38	PM Eastern Standard Candice Davis Time

ExaminationGeneral Examination:

GENERAL APPEARANCE: well-appearing; no acute distress.

HEENT: HEAD:-; normocephalic; EYES:-; PERRLA; EOMI; conjunctiva clear.

NECK: GENERAL:-; supple.

HEART: PMI:-; normal; RATE:-; regular; RHYTHM:-; regular.

LUNGS: clear to auscultation and percussion.

ABDOMEN: soft, no guarding or rigidity, BS present, tender to palpation, epigastric tenderness.

Assessments

1. Gastro-esophageal reflux disease without esophagitis - K21.9

Treatment

1. Gastro-esophageal reflux disease without esophagitis

Start Zantac Tablet, 150 MG, Total Dose: 2 tabs, Orally, Stat, 0 days, KOP: No, Drug Source: Pharmacy

Stop Omeprazole Capsule Delayed Release, 20 MG, Total Dose: 20 mg, Orally, Daily, 30 days, KOP: No, Drug Source: Pharmacy

Start Omeprazole Capsule Delayed Release, 40 MG, Total Dose: 1 cap, Orally, Daily, 30 days, Drug Source: Pharmacy

LAB: CBC w DIFF & PLATELETS (Ordered for 03/03/2019)

LAB: HELICOBACTER ANTIBODY (G,A,M) (Ordered for 03/03/2019)

Notes: will schedule for f/u but advised to return if symptoms get worse.

Appointment Provider: Gloria Ihenacho, MD



Electronically signed by Gloria Ihenacho , MD on 03/02/2019 at 08:21 PM EST

Sign off status: Completed

Manhattan Detention Center
125 White Street
New York, NY 10013
Tel: 347-774-7000
Fax: 347-774-8088

Patient: WILLIAMS, ALEXANDER DOB: 02/08/1981 Progress Note: Gloria Ihenacho, MD 03/02/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

EXHIBIT - E



Insurance: Self Pay

WILLIAMS, ALEXANDER

NYSID: 01897858L BookCase: 1411801632

Facility Code: MDC Housing Area: 9N

38 Y old Male, DOB: 02/08/1981

Account Number: 107220

195 UTICA AVE, 2F, 1K, BK, NY-11223

Appointment Facility: Manhattan Detention Center

03/07/2019

Appointment Provider: Bessie Flores-Clemente, PA

Current Medications

Taking

- Multivitamin Adult - Tablet Total Dose: 1 tab Daily, stop date 03/30/2019, KOP: No, Drug Source: Pharmacy.
- Omeprazole 40 MG Capsule Delayed Release Total Dose: 1 cap Daily, stop date 04/01/2019, KOP: No, Drug Source: Pharmacy

Past Medical History

Chickenpox

Allergies

Seafood: anaphylaxis: Allergy

Reason for Appointment

- Heartburn

History of Present Illness

Notes::

Pt c/o heartburn X intermittent. States tx'd w/ Omperazole & c/o "That medication doesn't work for me." Adds, "When I first came they gave me Zantac; that medication worked." Denies N/V/D/C.

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUTITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

VS - Pt declined.

Examination

General Examination:

GENERAL APPEARANCE: well-appearing, well-developed, no acute distress; PE - Pt declined.

Assessments

- Heartburn - R12 (Primary)

Treatment

1. Heartburn

Stop Omeprazole Capsule Delayed Release, 40 MG, Total Dose: 1 cap, Orally, Daily, 30 days, KOP: No, Drug Source: Pharmacy
Start Zantac Tablet, 150 MG, Total Dose: 150 mg, Orally, Twice a Day, 30 days, Drug Source: Pharmacy

2. Others

Notes: eCW/Encounters indicated pt has 03/23/2019 Medical FU, Re: Annual Physical & Epigastric Pain.

Follow Up

As Per Protocol (Reason: 9 North Sick Call Rounds)

Patient: WILLIAMS, ALEXANDER DOB: 02/08/1981 Progress Note: Bessie Flores-Clemente,
PA 03/07/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Disposition:

Appointment Provider: Bessie Flores-Clemente, PA



**Electronically signed by Bessie Flores-Clemente , PA on
03/07/2019 at 03:12 PM EST**

Sign off status: Completed

**Manhattan Detention Center
125 White Street
New York, NY 10013
Tel: 347-774-7000
Fax: 347-774-8088**

**Patient: WILLIAMS, ALEXANDER DOB: 02/08/1981 Progress Note: Bessie Flores-Clemente,
PA 03/07/2019**

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

EXHIBIT - F



Insurance: Self Pay

WILLIAMS, ALEXANDER

NYSID: 01897858L BookCase: 1411801632

Facility Code: MDC Housing Area: 9N

38 Y old Male, DOB: 02/08/1981

Account Number: 107220

195 UTICA AVE, 2F, 1K, BK, NY-11223

Appointment Facility: Manhattan Detention Center

03/12/2019

Appointment Provider: Ira Gornish, PA

Current Medications**Taking**

- Multivitamin Adult - Tablet Total Dose: 1 tab Daily, stop date 03/30/2019, KOP: No, Drug Source: Pharmacy
- Zantac 150 MG Tablet Total Dose: 150 mg Twice a Day, stop date 04/06/2019, Drug Source: Pharmacy

Past Medical History

Chickenpox

Allergies

Seafood: anaphylaxis: Allergy

Reason for Appointment

1. pt had questions about GERD

Vital Signs

declined.

Assessments

1. Gastro-esophageal reflux disease without esophagitis - K21.9

Treatment

1. Gastro-esophageal reflux disease without esophagitis

Notes: Pt education done, continue Zantac.

Follow Up

prn

Disposition: General Population

Appointment Provider: Ira Gornish, PA

Electronically signed by Ira Gornish , PA on 03/12/2019 at
10:01 AM EDT

Sign off status: Completed

Manhattan Detention Center
125 White Street
New York, NY 10013
Tel: 347-774-7000
Fax: 347-774-8088

Patient: WILLIAMS, ALEXANDER DOB: 02/08/1981 Progress Note: Ira Gornish, PA - 03/12/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

EXHIBIT - G

NewYork-Presbyterian

Patient Discharge Instructions

Visit: 000422492 292
MRN: 7955 15 32
Location: LMH5C-0514-02
Name: WILLIAMS, ALEXANDER
Dr.: Vigiola Cruz, Mariana
DOB: (08 Feb 1981)

Thank you for choosing NewYork-Presbyterian Hospital for your care. Our staff is committed to consistently providing excellent care to all our patients and families. You will receive a survey and we would appreciate if you took the time to complete it. We count on survey results to continue providing excellent care and recognize our Doctors, Nurses and Staff. Thank you in advance for sharing your experiences with our NYP healthcare team.

Hospital Information

Preferred Language

Preferred Language: English

Admission Date/Time: 12/29/2019 12:02:00 PM

Discharge Date: 12/30/19

Discharge Time: 14:18 PM

Attending of Record: Vigiola Cruz, Mariana

Discharge Diagnosis (You were treated for): Acute cholecystitis (K81.0)

Procedures/Imaging : CT Abdomen and Pelvis w IV contrast 12/29

CLINICAL HISTORY:

upper abdominal pain; Abdominal pain R10.9

TECHNIQUE:

CT of the abdomen and pelvis with intravenous contrast

IV Contrast type: 95 cc Omnipaque 300

Oral contrast: Gastrografin

COMPARISON:
None.

FINDINGS:

Liver: Smooth in contour. Segment 2/3 hypodense lesion measuring 4.0 x 2.7 x 2.9 cm with suggestion of possible nodular peripheral discontinuous enhancement. Portal and hepatic veins patent.

Biliary system: Gallbladder nondistended without calcified stone. No biliary ductal dilatation.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenal glands: Unremarkable.

Kidneys: Normal enhancement. No mass. No hydronephrosis. No calcified stones.

Urinary bladder: Unremarkable.

Prostate/seminal vesicles: Unremarkable.

Bowel: Normal caliber. No wall thickening appreciated. Appendix not clearly visualized. No inflammation in the expected region of the appendix to suggest acute appendicitis.

Lymph nodes: No lymphadenopathy.

Abdominal aorta: No aneurysm.

Posserior vena cava: Unremarkable.

NewYork-Presbyterian

Patient Discharge Instructions

Peritoneum: No ascites. No extraluminal air.

Abdominal wall: Umbilical fat containing hernia.

Bones: No aggressive lesion. Left femoral intertrochanteric sclerotic 1.5 cm lesion possibly enchondroma.

Soft tissues: Unremarkable.

Lung bases: Clear.

IMPRESSION:

Etiology of abdominal pain NOT identified on this study.

Left lateral segment hypodense heterogeneous liver mass up to 4.0 cm possibly hemangioma but not definitive by the study. Multiphase CT or MRI contrast-enhanced studies recommended for further evaluation on a nonemergent basis.

US Abdomen Right upper Quadrant 12/29

CLINICAL HISTORY:

Right upper quadrant pain

TECHNIQUE:

Limited ultrasound examination of the right upper quadrant abdomen assessing gray scale appearance and color Doppler flow.

COMPARISON:

None

FINDINGS:

Liver

Size: 16.6 cm in longitudinal dimension

Appearance: Smooth contour. Normal echogenicity. 3.7 x 3.0 x 3.8 cm echogenic left liver mass, corresponding to the finding on recent CT and likely representing a hemangioma.

Portal veins: Patent with normal direction of flow

Hepatic veins: Patent with normal waveform

Biliary

Gallbladder nondistended

Wall thickness: Thickened (5 mm)

Pericholecystic fluid: Small volume pericholecystic fluid.

Lumen: Multiple shadowing gallstones.

Tenderness to sonographic palpation: Present

Intrahepatic ducts: Normal

Common duct: 6 mm; no calculi in visualized portions of duct.

Pancreas

Quality of visualization: Limited, portions of the head and distal body/tail obscured by overlying bowel gas.

Appearance: Normal

Pancreatic duct: Not dilated

Right kidney

Size: 10.6 cm in longitudinal dimension

Appearance: Normal echogenicity. No mass. No hydronephrosis. No shadowing calculi.

Visit: 000422492 292

MRN: 7955 15 32

Location: LMH5C-0514-02

Name: WILLIAMS, ALEXANDER

Dr.: Vigiola Cruz, Mariana

DOB: (08 Feb 1981)

NewYork-Presbyterian

Patient Discharge Instructions

Free fluid: Absent

IMPRESSION:

Multiple shadowing gallstones with mild gallbladder wall thickening, pericholecystic fluid and a positive sonographic Murphy sign. Given normal white count and lack of gallbladder distension, these findings are equivocal for acute cholecystitis.

Follow-up Appointments:

APPOINTMENT REMINDERS

- As needed for elective cholecystectomy

Howard L Beaton

ADDRESS:

170 William St., 5th floor
New York, NY 10038

PHONE:

646-898-4744 option #6

Instruction:

Please call your doctor if you experience these symptoms:

- Worsening Symptoms
- Severe Chills
- Chest Pain
- Shortness of Breath
- Worsening Pain

Medications-Medication Safety Information

Please refer to Discharge Medication List

Medications Administered on Day of Discharge : Piperacillin Tazobactam Inj 4500mg IV PiggyBack q8hr - administered at: Dec 30 2019 5:19AM

Heparin Inj 5000UNIT Subcutaneous q8hr - administered at: Dec 30 2019 5:19AM

D5W 1/2 Normal Saline 1000ml IV Cont Infusion <Continuous> - administered at: Dec 30 2019 10:06AM

Heparin Inj 5000UNIT Subcutaneous q8hr - administered at: Dec 30 2019 1:13PM

Piperacillin Tazobactam Inj 4500mg IV PiggyBack q8hr - administered at: Dec 30 2019 1:13PM

Pain Management Discharge Plan/Patient/Family Education

Medications Prescribed for pain management? No

Diet/Nutrition

- Diet(ADULT)
- Regular Diet: NO dietary restrictions

Other Diet Instructions : LOW FAT DIET;

Activity :

- No Restrictions

Additional Instructions for Patient/Family/Guardian/Caregiver: Please take antibiotics as prescribed. Follow up as needed for interval cholecystectomy.

You may call Dr. Beaton's office at 212-312-5373 for any problems or questions. This line is answered 24hrs a day, 7 days a week by the answering service. To schedule your follow appointment call 646-898-4744 option #6. You may also email Dr. Beaton at hlb9001@med.cornell.edu for non-urgent issues or fax at 212-312-5769.

Visit: 000422492 292
MRN: 7955 15 32
Location: LMH5C-0514-02
Name: WILLIAMS, ALEXANDER
Dr.: Vigiola Cruz, Mariana
DOB: (08 Feb 1981)

NewYork-Presbyterian

Patient Discharge Instructions

Visit: 000422492 292

MRN: 7955 15 32

Location: LMH5C-0514-02

Name: WILLIAMS, ALEXANDER

Dr.: Vigiola Cruz, Mariana

DOB: (08 Feb 1981)

Special Instructions :

- Smoking is detrimental to your health. If you currently smoke or have smoked in the last 12 months, you are advised to stop. You are also advised to avoid exposure to second hand smoke. You may call the quit line at 1-888-609-6292 or 1-866-NYQUITS for help.

Patient Education Handouts:

- Smoking patient education handouts given:

N/A

Document Name: N/A

- Congestive heart failure patient educational handouts given:

N/A

- Diabetes educational handouts given:

N/A

- COPD patient educational handout given:

- Stroke patient education handouts given:

N/A

- Transplant patient education handouts given:

N/A

- Rehab patient education handouts given:

N/A

Discharge Disposition and Destination:

You are being discharged to:

- Other Facility : prison

Patient Acknowledgment

Patient Signature :

- THE ABOVE INSTRUCTIONS HAVE BEEN EXPLAINED AND GIVEN TO ME. MY QUESTIONS HAVE BEEN ANSWERED AND I UNDERSTAND THE INFORMATION PROVIDED TO ME.

- I HAVE ALSO RECEIVED THE DISCHARGE NOTICE ON BEHALF OF MYSELF AS THE PATIENT OR AS THE REPRESENTATIVE OF THE PATIENT.

- Name of PATIENT/FAMILY:

Date: _____ Time: _____

- Signature Patient/Relative/Guardian:

Signature: _____

Date: _____ / _____ / _____ Time: _____ ☐a.m ☐p.m

RN Signature :

Discharge RN Signature : _____

Date : _____ / _____ / _____ Time: _____ ☐a.m ☐p.m

Caregiver (for patients 18 and older):

Primary Caregiver:

Caregiver Identified: Yes

Name: crystal

NewYork-Presbyterian

Patient Discharge Instructions

Telephone #: 3479416436

Relationship to patient: spouse

Written authorization of release of personal health info obtained: No-patient declined to release PHI

Plan of Care for Medical Provider at Discharge:

Please take antibiotics as prescribed. Follow up as needed for interval cholecystectomy.

Medications:

For Questions and Concerns:

For Questions or Concerns Call :

Visit: 000422492 292

MRN: 7955 15 32

Location: LMH5C-0514-02

Name: WILLIAMS, ALEXANDER

Dr.: Vigiola Cruz, Mariana

DOB: (08 Feb 1981)

ExitCare® Patient Information

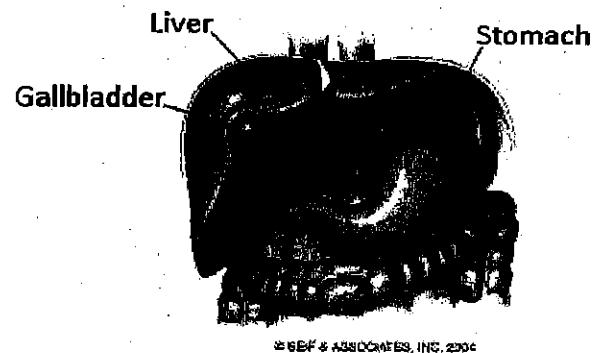
questions you have with your health care provider.

Cholecystitis

Cholecystitis is an inflammation of your gallbladder. It is usually caused by a buildup of gallstones or sludge (*cholelithiasis*) in your gallbladder. The gallbladder stores a fluid that helps digest fats (*bile*). Cholecystitis is serious and needs treatment right away.

CAUSES

- Gallstones. Gallstones can block the tube that leads to your gallbladder, causing bile to build up. As bile builds up, the gallbladder becomes inflamed.
- Bile duct problems, such as blockage from scarring or kinking.
- Tumors. Tumors can stop bile from leaving your gallbladder correctly, causing bile to build up. As bile builds up, the gallbladder becomes inflamed.



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SYMPTOMS

- Nausea.
- Vomiting.
- Abdominal pain, especially in the upper right area of your abdomen.
- Abdominal tenderness or bloating.
- Sweating.
- Chills.
- Fever.
- Yellowing of the skin and the whites of the eyes (*jaundice*).

DIAGNOSIS

Your caregiver may order blood tests to look for infection or gallbladder problems. Your caregiver may also order imaging tests, such as an ultrasound or computed tomography (CT) scan. Further tests may include a hepatobiliary iminodiacetic acid (HIDA) scan. This scan allows your caregiver to see your bile move from the liver to the gallbladder and to the small intestine.

TREATMENT

A hospital stay is usually necessary to lessen the inflammation of your gallbladder. You may be required to not eat or drink (*fast*) for a certain amount of time. You may be given medicine to treat pain or an antibiotic medicine to treat an infection. Surgery may be needed to remove your gallbladder (*cholecystectomy*) once the inflammation has gone down. Surgery may be needed right away if you develop complications such as death of gallbladder tissue (*gangrene*) or a tear (*perforation*) of the gallbladder.

HOME CARE INSTRUCTIONS

Home care will depend on your treatment. In general:

- If you were given antibiotics, take them as directed. Finish them even if you start to feel better.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Follow a low-fat diet until you see your caregiver again.
- Keep all follow-up visits as directed by your caregiver.

ExitCare® Patient Information

SEEK IMMEDIATE MEDICAL CARE IF:

- Your pain is increasing and not controlled by medicines.
- Your pain moves to another part of your abdomen or to your back.
- You have a fever.
- You have nausea and vomiting.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Revised: 3/11/2013 Document Reviewed: 11/2/2012

ExitCare® Patient Information ©2015 ExitCare, LLC. This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

This information is brief and general. It should not be the only source of your information on this health care topic. It is not to be used or relied on for diagnosis or treatment. It does not take the place of instructions from your doctor. Talk to your health care providers before making a health care decision. <http://nyp.org/>



ED PATIENT DISCHARGE INSTRUCTIONS

LMH Adult Emergency Department

Patient Name:	WILLIAMS, ALEXANDER	MRN:	7955 15 32
Date of Birth:	08-Feb-1981	Visit Number:	000422492 292
ED Attending MD:	Willis, Lucy Katherine	Visit Date and Time:	12/29/2019 03:51
		Discharge Date and Time:	12/29/2019 08:46

EMERGENCY DEPARTMENT DIAGNOSIS:

DISCHARGE INSTRUCTIONS:

DISCHARGE INSTRUCTIONS GIVEN:

Abdominal Pain, Adult - 12/29/2019

AFTER ED CARE PLAN:

Your CT scan shows a 4cm liver mass, and you need a multiphase CT or MRI as soon as possible for further evaluation. Return to ER IMMEDIATELY for new/worsening symptoms.

NEW MEDICATION:

New Medication: N/A

RETURN TO EMERGENCY DEPARTMENT FOR PERSISTENT, WORSENING, OR NEW SYMPTOMS:

including: fever, chills, vomiting, abdominal pain, or other concerning/worsening symptoms.

ED VISIT SUMMARY:

Procedures:

No major procedures were performed in this visit

Laboratory Results:	Result Value	Result Value Ranges	Status
<u>PT/INR</u> (12/29/2019 5:33 AM)			
Anticoagulant	None	[-]	Final
Prothrombin Time	15.5	[12.1-15.4 second(s)]	Final
Int'l Normal Ratio	1.2	[0.8-1.3]	Final
<u>Estimated Glomerular Filtration Rate</u> (12/29/2019 5:47 AM)			
eGFR African-American (MDRD)	>60	[>=60- mL/min/1.73 m ²]	Final
eGFR Non African-American (MDRD)	>60	[>=60- mL/min/1.73 m ²]	Final
<u>Lipase</u> (12/29/2019 5:47 AM)			
Lipase	37	[8-78 U/L]	Final
<u>Magnesium</u> (12/29/2019 5:47 AM)			
Magnesium	2.0	[1.6-2.6 mg/dL]	Final
<u>Auto Differential</u> (12/29/2019 5:23 AM)			
Nucleated RBC Auto	0.2	[0.0-1.0 /100 WBC's]	Final
Absolute NRBC	0.0	[- x10(9)/L]	Final
Neutrophil percent auto	81.7	[45.0-70.0 %]	Final
Lymphocyte Automated	11.9	[22.0-40.0 %]	Final
Monocyte percent auto	5.8	[0.0-8.0 %]	Final
Eosinophil percent auto	0.2	[0.0-8.0 %]	Final
Basophile percent auto	0.4	[0.0-2.0 %]	Final

Please join www.mynyp.org to get your results online

NewYork-Presbyterian
 The University Hospitals of Columbia and Cornell

ED PATIENT DISCHARGE INSTRUCTIONS

LMH Adult Emergency Department

Patient Name: WILLIAMS, ALEXANDER **MRN:** 7955 15 32
Date of Birth: 08-Feb-1981 **Visit Number:** 000422492 292
Visit Date and Time: 12/29/2019 03:51

ED Attending MD: Willis, Lucy Katherine **Discharge Date and Time:** 12/29/2019 08:46

Neutrophil Absolute Number	5.60	[1.80-7.70 x10(9)/L]	Final
Lymph Absolute # (Westchester)	0.8	[1.0-5.0 x10(9)/L]	Final
Monocyte Absolute Number	0.40	[0.00-1.32 x10(9)/L]	Final
Basic Metabolic Panel (12/29/2019 5:47 AM)			
Sodium Serum	138	[137-145 mmol/L]	Final
Potassium Serum	4.4	[3.6-5.0 mmol/L]	Final
Chloride Serum	104	[98-107 mmol/L]	Final
CO2	28.0	[22.0-30.0 mmol/L]	Final
Urea Nitrogen (BUN)	7.0	[7.0-20.0 mg/dL]	Final
Creatinine Serum	0.9	[0.7-1.3 mg/dL]	Final
Glucose Random	96	[70-100 mg/dL]	Final
Anion Gap	6.0	[5.0-17.0]	Final
Calcium, Serum	8.9	[8.4-10.2 mg/dL]	Final
BUN/Creatinine Ratio	7.8	[6.0-22.0]	Final
Liver Function Panel (12/29/2019 6:0 AM)			
Total Protein	7.0	[5.6-8.1 g/dL]	Final
Albumin level	4.1	[3.2-5.0 g/dL]	Final
Globulin	3	[2-3 g/dL]	Final
Bilirubin, Total	0.6	[0.3-1.2 mg/dL]	Final
Bilirubin, Direct	0.4	[<=0.3 mg/dL]	Final
Bilirubin, Indirect	0.2	[0.1-0.8 mg/dL]	Final
Aspartate Aminotransferase	148	[5-34 U/L]	Final
Alanine Aminotransferase	105.0	[0.0-55.0 U/L]	Final
Alkaline Phosphatase	115.0	[40.0-150.0 U/L]	Final
Troponin I (12/29/2019 5:54 AM)			
Troponin I	0.0	[0.0-0.4 ng/mL]	Final
Complete Blood Count with Differential (12/29/2019 5:23 AM)			
WBC Count	6.8	[4.0-11.0 x10(9)/L]	Final
Red Blood Cell Count	5.80	[4.60-6.20 x10(12)/L]	Final
Hemoglobin	12.9	[14.0-18.0 g/dL]	Final
Hematocrit	40.4	[40.0-54.0 %]	Final
Mean Corpuscular Vol	69.6	[80.0-95.0 fL]	Final
Mean Corp Hgb (Mch)	22.2	[26.0-33.0 pg]	Final
Mean Corp Hgb Conc	31.9	[31.0-36.0 g/dL]	Final
RDW-CV	15.8	[11.5-14.5 %]	Final
Platelet Count	184	[150-430 x10(9)/L]	Final
Mean Platelet Volume	8.70	[8.00-12.00 fL]	Final

Radiology Results:

CT Abdomen And Pelvis With IV Contrast

(12/29/2019 7:36 AM)

Please join www.mynyp.org to get your results online

NewYork-Presbyterian
The University Hospitals of Columbia and Cornell

ED PATIENT DISCHARGE INSTRUCTIONS

LMH Adult Emergency Department

Patient Name: WILLIAMS, ALEXANDER **MRN:** 7955 15 32
Date of Birth: 08-Feb-1981 **Visit Number:** 000422492 292
ED Attending MD: Willis, Lucy Katherine **Visit Date and Time:** 12/29/2019 03:51
Discharge Date and Time: 12/29/2019 08:46

Ordered: 12/29/2019 04:40 AM PATIENT NAME: WILLIAMS, ALEXANDER

Location: 092 MRN: 79551532

Age: 38 yrs Sex: M

Adm M.D.: RODRIGUEZ, JAMES E MD DOB: 02/08/1981

Exam Date: Accession #: Exam Code: Order M D:
12/29/2019 *8747528 CTABPELW RODRIGUEZ, JAMES E MD

CLINICAL HISTORY:

upper abdominal pain; Abdominal pain R10.9

TECHNIQUE:

CT of the abdomen and pelvis with intravenous contrast

IV Contrast type: 95 cc Omnipaque 300

Oral con trast: Gastrografin

COMPARISON:

None.

FINDINGS:

Liver: Smooth in contour. Segment 2/3 hypodense lesion measuring 4.0 x 2.7 x 2.9 cm with suggestion of possible nodular peripheral discontinuous enhancement. Portal and hepatic veins patent.

Biliary system: Gallbladder nondistended without calcified stone. No biliary ductal dilatation.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenal glands: Unremarkable.

Kidneys: Normal enhancement. No mass. No hydronephrosis. No calc ified stones.

Urinary bladder: Unremarkable.

Prostate/seminal vesicles: Unremarkable.

Bowel: Normal caliber. No wall thickening appreciated. Appendix not clearly visualized. No inflammation in the expected region of the appendix to suggest acute appendicitis.

Please join www.mynyp.org to get your results online

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 The University Hospitals of Columbia and Cornell

ED PATIENT DISCHARGE INSTRUCTIONS

LMH Adult Emergency Department

Patient Name:	WILLIAMS, ALEXANDER	MRN:	7955 15 32
Date of Birth:	08-Feb-1981	Visit Number:	000422492 292
ED Attending MD:	Willis, Lucy Katherine	Visit Date and Time:	12/29/2019 03:51
		Discharge Date and Time:	12/29/2019 08:46

Lymph nodes: No lymphadenopathy.

Abdominal aorta: No aneurysm.

Inferior vena cava: Unremarkable.

Peritoneum: No ascites. No extraluminal air.

Abdominal wall: Umbilical fat containing hernia.

Bones: No aggressive lesion. Left femoral intertrochanteric sclerotic 1.5 cm lesion possibly enchondroma.

Soft tissues: Unremarkable.

Lung bases: Clear.

IMPRESSION:

Etiology of abdominal pain NOT identified on this study.

Left lateral segment hypodense heterogeneous liver mass up to 4.0 cm possibly hemangioma but not definitive by the study. Multiphase CT or MRI contrast-enhanced studies recommended for further evaluation on a nonemergent basis.

Prepared By: Sy, Calvin MD

Study interpreted and reported approved by: Sy, Calvin MD

Electronically signed Diagnostic Report Imaging Report

12/29/2019 07:14 AM - 12/29/2019 07:35 AM

Exam Complete - Signed-Off

Disclaimer:

Test Name

Liver Function Panel

PT/INR

Disclaimer Text

Reference ranges for patients <12 months are incompletely defined.

Suggested therapeutic INR ranges for patients stabilized on oral anticoagulants:

Venous thrombosis, pulmonary embolism and atrial fibrillation - 2.0 - 3.0;

Prosthetic heart valves and recurrent systemic embolization - 2.5 - 3.5

Patient Signature:

Please join www.mynyp.org to get your results online

NewYork-Presbyterian
The University Hospitals of Columbia and Cornell

ED PATIENT DISCHARGE INSTRUCTIONS

LMH Adult Emergency Department

Patient Name:	WILLIAMS, ALEXANDER	MRN:	7955 15 32
Date of Birth:	08-Feb-1981	Visit Number:	000422492 292
ED Attending MD:	Willis, Lucy Katherine	Visit Date and Time:	12/29/2019 03:51
		Discharge Date and Time:	12/29/2019 08:46

I Have fully understood what was explained to me:

X

Patient or Guardian Signature
WILLIAMS, ALEXANDER

Signature acknowledges that Patient and/or Guardian has received this instructions and understands them. Patient and/or Guardian also understands that he/she should follow up with his/her primary care physician once discharged.

Discharge Instructions

• TO PATIENT:

THIS EXAMINATION AND TREATMENT WHICH YOU HAVE RECEIVED HAS BEEN ON AN EMERGENCY BASIS ONLY AND HAS NOT BEEN INTENDED TO BE A SUBSTITUTE OR REPLACEMENT FOR COMPLETE MEDICAL CARE. FOR YOUR PROTECTION AND TO PREVENT POSSIBLE COMPLICATIONS, IT IS SUGGESTED YOU FOLLOW THE RECOMMENDATIONS CHECKED BELOW.

X-RAYS

The interpretation of your X-rays and other radiological test at the time of your visit to the Emergency Department is a preliminary report. Radiological tests are reviewed before a final report is issued. You will be notified if there is a change in diagnosis. If your symptoms persist or worsen you should return to the Emergency Department.

Additional studies may be necessary as some abnormalities become apparent at a later time.

Call 212-746-0595 Monday - Friday 10 to 6 for test results.

EXHIBIT - H



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

DISPOSITION FORM



Form.: 7102R
Eff.: 8/23/19
Ref.: Dir. 3376R-A

Grievance Reference #:
274126/T002/20

Date Filed:
01/03/20

Facility:
MDC

Inmate Name:
WILLIAMS, ALEXANDER

Book and Case#:
141-18-01632

Category:
MEDICAL

From OCGS Inmate Statement Form, print or type short description of grievance:

I was taken to hospital for medical

injury and told by doctor that my diet was to be changed in preparation of surgery the
the dietitian changed my diet but the facility has yet sent me the correct feeding 3x times a
day.

Action Requested by Inmate: correct my diet.

STEP 1: FORMAL RESOLUTION

Check one box: Grievance Submission is not subjected to the Grievance Process

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below.
Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process.
Grievances not subject to the Grievance Process cannot be appealed.

On 01/03/20 The OCGS reviewed your statement and learned that according to CHS patient relations
you are on a Therapeutic diet list.

CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE

(Failure to sign forms will forgo your right to appeal the proposed resolution.)

Yes, I accept the resolution No I request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.

Inmate's Signature:

Date:

Preliminary Review Requested

Grievance Coordinator/Officer Signature:

Date:

WILLIAMS 17351

1-8-20



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM



Form.: 7101R-A
 Eff.: 9/14/18
 Ref.: Dir. 3376R-A

Inmate's Name:

Alex William

Book & Case #:

1411R1652

NYSID #:

07897858L

Facility:

MDC

Housing Area:

9A

Date of Incident:

12-31-19

Date Submitted:

05-01-2020

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

I was taken to Hospital for medical injury and told by doctor that my diet was to be changed in preparation of surgery. The dietitian here changed my diet but the facility has yet to send me the correct feeding 3x times a day.

Action Requested by Inmate: Correct my diet

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

Jan 1 2020

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

00 5 4 9-17 2020

Grievance Reference #

Category:

274H2C/Tao2/20

12-Mechas C

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

900 BROADWAY • NEW YORK, NY 10010 • 212-531-8000 • FAX: 212-531-8001

GRIEVANCE COORDINATOR SIGNATURE: _____

William J. Williams

EXHIBIT - I



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
DISPOSITION FORMForm.: 7102R
Eff.: 8/23/19
Ref.: Dir. 3376R-AGrievance Reference #:
281259Date Filed:
01/29/20Facility:
MDCInmate Name:
WILLIAMS, ALEXANDERBook and Case#:
141-18-01632Category:
N/G-MD/STA

From OCGS Inmate Statement Form, print or type short description of grievance: On Jan 21 2020 when returning from court I had a medical emergency while returning to the jail. Once the transportation got got to the jail I was forced to wait outside on centre street while experiencing my medical emergency I currently have a gall bladder infection that causes gall bladder attacks where I go through periods of having sharp pains and lost of breathe.

I did not received medical attention until a hour and half later.

Action Requested by Inmate: I would like a copy of the report written and/all doc in relation to this incident and I would like a copy of this complaint I placed in the file of every officer and medical personal involved.

STEP 1: FORMAL RESOLUTION

Check one box: Grievance Submission is not subjected to the Grievance Process

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed.

On 01/29/20 The OCGS reviewed your complaint and determined that it is not under the purview of the OCGS; however it has been forwarded to the Head of Medical Staff in MDC for further investigation.

CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE

(Failure to sign forms will forgo your right to appeal the proposed resolution.)

Yes, I accept the resolution No I request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within 10 business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.

Inmate's Signature:

Date:

1/29/2020

 Preliminary Review Requested

Grievance Coordinator/Officer Signature:

Date:

1-29-20



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM



Form.: 7101R-A
 Eff.: 9/14/18
 Ref.: Dir. 3376R-A

Inmate's Name: alexander williams	Book & Case #: 141-180-1632	NYSID #: 01897858L
Facility: m.d.c.	Housing Area: 9 north	Date of Incident: jan 21 2020
Date Submitted: jan 22 2020		

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filling the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

on jan 21 2020 when returning from court i had a medical emergency while returning to the jail. once the transportation got to the jail i was forced to wait outside on centre street while experiencing my medical emergency currently have a gall bladder infection that causes gall bladder attacks where i go through periods of having sharp pains and loss of breathe. i did not receive medical attention until a hour and half later.

Action Requested by Inmate: i would like a copy of the report written and/all doc in relation to this incident and i would like a copy of this complaint placed in the file of evry officer and medical personal involved.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

Jan 22 2020

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP 1/22/2020	Grievance Reference # 281259	Category: Non-Grievable
DEPT OF CORRECTION	Office of Constituent and Grievances Services Coordinator/Officer Signature: Williams NBS	

EXHIBIT - J

Printed copy**CITY OF NEW YORK - DEPARTMENT OF CORRECTION****OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES****DISPOSITION FORM**

Form.: 7102R
Eff.: 8/23/19
Ref.: Dir. 3376R-A

Grievance Reference #:
294345/T095/20

Date Filed:
03/17/20

Facility:
MDC

Inmate Name:
WILLIAMS, ALEXANDER

Book and Case#:
141-18-01632

Category:
MEDICAL

From OCGS Inmate Statement Form, print or type short description of grievance: **In the last week or so numerous officers has worked the housing unit and seem to be sick and/or exhibiting signs of the flu MDC has not establish any prevention procedures such as sanitizing daily even though the date of NY is currently in state of emergency due to the rapid spread of corona virus. MDC is located in china town where it suspect virus as**

Action Requested by Inmate: **Please test me for corna virus and please create sanitation crew to sanitize housing unit each tour.**

STEP 1: FORMAL RESOLUTION

Check one box: Grievance Submission is not subjected to the Grievance Process

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed.

ON 03/17/20 The OCGS reviewed your statement and it was forwarded to the Head of MDC medical staff for further review and handling.

CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE

(Failure to sign forms will forgo your right to appeal the proposed resolution.)

Yes, I accept the resolution No Request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based-review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.

Inmate's Signature:

Date:

3/18/2020

Preliminary Review Requested

Grievance Coordinator/Officer Signature:

John Williams 17B51

Date:

3/19/20

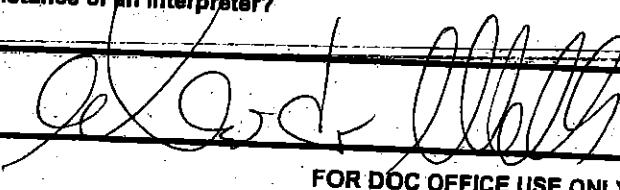
CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
<i>Alberto Melchor</i>	<i>1411801630</i>		
Facility:	Housing Area:	NYSID #:	Date Submitted:
<i>M.D.C.</i>	<i>9 north</i>	<i>01897888L</i>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <p><i>In the last week or so, numerous officers have worked the laundry unit and seemed to be sick and/or exhibiting signs of the flu. MDC has not establish any prevention procedures such as sanitizing daily even though the state of NY is currently in state of emergency due to the rapid spread of corona virus. MDC is located in close proximity to its suspect this argument and please create sanitation crew to sanitize hallway</i></p>			
Action Requested by Inmate: <i>Please test me for corona virus and please create sanitation crew to sanitize hallway</i>			
Please read below and check the correct box: <i>unit each floor</i>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an Interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature: 		Date of Signature: <i>March 9 2020</i>	
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP <i>91-21 LI 0707</i>	Grievance Reference # <i>294345/1095/20</i>	Category: <i>#D-Mechan</i>	
<small>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</small> <small>NYC DEPT OF CORRECTION</small> <small>Office of Constituent and Grievance Services Coordinator/Officer Signature:</small> <i>Chw/Am1788L</i>			

EXHIBIT - K



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

DISPOSITION FORM

Form.: 7102R
Eff.: 8/23/19
Ref.: Dir. 3376R-AGrievance Reference #:
295244Date Filed:
03/19/20Facility:
MDCInmate Name:
WILLIAMS, ALEXANDERBook and Case#:
141-18-01632Category:
NGMEDSTAFF

From OCGS Inmate Statement Form, print or type short description of grievance:

I do not feel good I have headaches

I have been vomiting and I feel hot and cold I would like to be seen by medical for sick call. The Officer CO. Raphael contacted medical and they still refuse to come to unit 9 North please check medical care logbook for reference.

After requesting to be tested for corona virus on March 11, 2020 today the doctors afforded medical sickcall to 9 south but refused to afford sick-call and medical care to me on 9 North. Please check sick call log book in unit 9 North.

Action Requested by Inmate: Please afford me adequate medical care stop retaliation over my civil complaint
Please afford me adequate medical care please stop retaliating.

STEP 1: FORMAL RESOLUTION

Check one box: Grievance Submission is not subjected to the Grievance Process

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed.

On 03/19/20 The OCGS reviewed your statement and determined that it is not under the purview of the OCGS; however it has been forwarded to the MDC Medical staff for further review and handling.

CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE
(Failure to sign forms will forgo your right to appeal the proposed resolution.)

Yes, I accept the resolution No I request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.

Inmate's Signature:

Date: 3/19/20

 Preliminary Review Requested

Grievance Coordinator/Officer Signature:

Date: 3/19/20

**CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM**

DOC ID: 5376RA
DOC DATE: 04/14/19
DOC BY: 5376RA

NYCIS ID:

01897858L

Inmate's Name:

Alex Grider Williams

BOOK & CASE #:

K11801638

Facility:

MDC

Housing Area:

9 N

Date of Incident:

March 13, 2020

Date Submitted:

Mar. 13, 2020

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally present this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS will stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of the form as a record of receipt.

Grievance:

I do not feel good I have bad aches I have been vomiting and I feel hot and cold. I would like to be seen by medical for sick call. The office has not contacted medical and they still refuse to come to visit 9 month please check medical care log book for references

Action Requested by Inmate:

Please afford me adequate medical care stop detention over my Client complaint

Please read below and check the correct box:

Do you agree to have your statement edited for clarity by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

Mar 13 2020

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

RECEIVED
IN MARCH 13 2020
BY [Signature]GRIEVANCE SVC
CORRECTION

INTAKE UNIT

295244

Category:

Medical Staff

NON-GRIEVABLE COMPLAINT

10 Williams #1351



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM



Form: 7101R-A
 Eff.: 9/14/18
 Ref.: Dir. 3376R-A

Inmate's Name:

Alexander Williams

Book & Case #:

141801630

NYSID #:

01877858L

Facility:

MDC

Housing Area:

9 N

Date of Incident:

MAY 12 2020

Date Submitted:

MAY 12 2020

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

After requesting to be tested for Coronavirus, on May 11 2020, today the doctor offered medical Sick-call to 9 South Block. Referred to offend Sick-call and medical care to me on 9 North. Please check Sick-call log book on unit 9 north.

Action Requested by Inmate:

Please afford me adequate medical care,
 Please stop retaliating

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No **Inmate's Signature:**
Date of Signature:

March 12 2020

FOR DOG OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

HS : 11 A 61 8/19/2020

Grievance Reference #

29524

Category:Non-Grievable
Medical staff complaint

GAS CONCERNED? INMATE'S SIGNATURE

Office of Constituent and Grievance Services Coordinator/Officer Signature:

EXHIBIT - L



CITY OF NEW YORK - DEPARTMENT OF CORRECTION



OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES DISPOSITION FORM

Form.: 7102R
Eff.: 8/23/19
Ref.: Dir. 3376R-A

Grievance Reference #:
298306

Date Filed:
03/30/20

Facility:
MDC

Inmate Name:
WILLIAMS, ALEXANDER

Book and Case#:
141-18-01632

Category:
NGSTAFFCOM

From OCGS Inmate Statement Form, print or type short description of grievance:

I am writing grivancing the

the fact that NYC does and the City of New York has not taken any preventive measures to protect me from transmitting and catching Covid 19 even through DOCs has knowledge that I am high risk due to know respiratory health issues such as my asthma and the infection in gallbladder that stopped me from breathing 2x twice in 2020 this for to medical records available even request.

Action Requested by Inmate: To be released under the N.Y.S. Statue, stop MDC officials from retaliating

STEP 1: FORMAL RESOLUTION

Check one box: Grievance Submission is not subjected to the Grievance Process

The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed.

On 03/30/20 The OCGS reviewed your complaint and determined that it is not under the purview of the OCGS; however it has been forwarded to the Head of the Facility for further review and handling.

CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE

(Failure to sign forms will forgo your right to appeal the proposed resolution.)

Yes, I accept the resolution No request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.

Inmate's Signature:

Date:

3/31/2020

Preliminary Review Requested

Grievance Coordinator/Officer Signature:

Date:

3/30/20

EXHIBIT - M

JULIE A. CLARK, ESQ.
32 Court Street, suite 707
Brooklyn, New York 11201
917-309-9862
718-625-6888
Jcw24@aol.com

July 18, 2020

NYC Department of Corrections
Legal Department
75-20 Astoria Blvd.
East Elmhurst, NY 11370

Re: Alexander Williams
Book and Case # 141-18-01632 NYSID # 01897858L

Dear Sir or Madam:

I am the attorney for Alexander Williams. I am following up on complaints that have been lodged on his behalf as well as commencing a new complaint.

I have attached the grievances and complaints that were lodged since January of 2020 and have only received a perfunctory response on April 8, 2020 that it has been forwarded to the appropriate unit. There has not been a response to date.

The grievances relate to medical issues that Mr. Williams is experiencing and the lack of an adequate response by the Correctional facility. Mr. Williams suffers from respiratory problems that are being exacerbated by the facility and are not being properly treated.

Further, Deputy Hardy at the Manhattan Detention Center has signaled out my client and is harassing him. She has also indicated that she will put a "case" on him so that he receives additional charges and has his privileges taken away. This behavior must stop immediately.

In addition, we do not want any retaliatory action by any corrections officer against Mr. Williams because he is making a complaint.

Please investigate this matter and the previous matters and contact us immediately. Thank you. We await your response.

Yours,

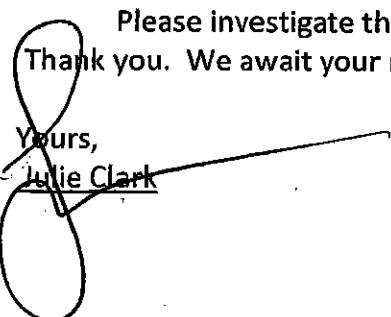

Julie Clark

EXHIBIT - N



Crystal Williams <tlcvisionary@gmail.com>

[Fwd: #301043## : City of New York - Correspondence #1-9332080 Message to Agency Head, DOC - Other]

1 message

Service Desk <servicedesk@doc.nyc.gov>
To: tlcvisionary@gmail.com

Wed, Apr 8, 2020 at 7:27 PM

Good day,

The New York City Department of Correction received your below correspondence. The details of your correspondence have been forwarded to the appropriate unit within the agency for further investigation.

Thank you for contacting the NYC Department of Correction.

Office of Constituent and Grievance Services

NYC Department of Correction

Requester : agencymail

Due by time : Apr 15, 2020 07:23 PM

Category : Constituent & Grievance

Description :

Below is the result of your feedback form. It was submitted on Wednesday 8th of April 2020 06:18:24 PM

This form resides at

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww1.nyc.gov%2Fsite%2Fdoc%2Fabout%2Fcontact-the-commissioner.page&data=02%7C01%7Cagencyincoming%40customercare.nyc.gov%7C6ad5a01c0c0543f085be08d7dc0ac1f9%7C73d61799c28440228d4154cc4f1929ef%7C0%7C0%7C637219811067627010&sdata=%2BSJVap6dlzrSgDj%2F9JwZGkh5ZM%2BmlhWCWQH80VIXwnE%3D&reserved=0>

Form: Customer Comment

Organization Name: DOC

Message Type: Complaint

Topic: Other

Message: Hello,

My husband Alexander Williams 141801632 is currently in Manhattan Detention Complex and is suffering with the current conditions as of this afternoon. He has a headache, sore throat, runny nose diarrhea, and body aches. He requested for medical and they are refusing stating he has to call a number for medical. His Book and Case Number are restricted so it will not let him call out. He is already at high risk due to his asthma and liver mass and gallstones. This is unfair treatment as he needs medical attention and no one is assisting him. Below are the grievances he already has against the jail. If anyone can assist in this matter and bring awareness I would greatly appreciate it.

Grievance # 281259 1/21/2020: While returning from court Alexander Williams had a medical emergency and stopped breathing and he started back breathing. After this happen Emergency responded in one hour.

Grievance #295244 3/12/2020-Feeling sick, heart hurting, difficulty breathing and cold chills no response was received.

Grievance #298306 filing due to not taking any preventive measures while COVID19 is happening due to his respiratory issue. Alexander was schedule to have surgery due to Cholecystitis and on hold due to COVID-19.

I can be reached by email or at 347-941-6436

I would like to: enter my contact information below

Prefix:

First Name: Crystal

Mi:

Last Name: Williams

Suffix:

Company:

Street Address: 304 Lyme Court

Apt /Suite:

City: Raleigh

State: NC

Country: United States

Postal Code: 27609

Phone: 3479416436

Extension:

Email Address: tlcvisionary@gmail.com

REMOTE_HOST: 104.112.235.151

HTTP_ADDR: www1.nyc.gov

HTTP_USER_AGENT: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/80.0.3987.149 Safari/537.36

This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.

Click for details : <http://servicedesk-p1/WorkOrder.do?woMode=viewWO&woID=301043>

EXHIBIT - O



Correctional Health Services

HEALTH SERVICE UPDATE

NEED:

A CLINIC OR DENTAL APPOINTMENT? MEDICATIONS? GLASSES?

Use the phone in your housing area and **enter your PIN then press 614#** to speak with a nurse about your health issues or leave a message.

Give your **name, housing area, and book & case number** when you call.

Nurses can answer calls weekday mornings from 5am-12pm (except holidays).

In case of an **emergency**, please **contact DOC**.

NEW CLINIC HOURS:

Appointments are from 10am-10pm.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Alexander Williams Jr.
(full name of the plaintiff/petitioner)

-against-

The City of New York
et al

(full name(s) of the defendant(s)/respondent(s))

20-cv-0516 (MVK)

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

PRISONER AUTHORIZATION

By signing below, I acknowledge that:

- (1) because I filed this action as a prisoner,¹ I am required by statute (28 U.S.C. § 1915) to pay the full filing fees for this case, even if I am granted the right to proceed *in forma pauperis* (IFP), that is, without prepayment of fees;
- (2) the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.

I authorize the agency holding me in custody to:

- (1) send a certified copy of my prison trust fund account statement for the past six months (from my current institution or any institution in which I was incarcerated during the past six months);
- (2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.

This authorization applies to any agency into whose custody I may be transferred and to any other district court to which my case may be transferred.

Jan 1 2020

Date

Alexander Williams

Signature

Williams Alexander

Name (Last, First, MI)

141180632

Prison Identification #

125 White St

Address

N.Y.

City

N.Y.

State

10013

Zip Code

¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Alexander Williams

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

CV

() ()

-against-

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

The City of New York

et al

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? Yes No (If "No," go to Question 2.)

I am being held at:

MANHATTAN Detention Complex

Do you receive any payment from this institution? Yes No

Monthly amount: \$42

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? Yes No

If "yes," my employer's name and address are:

Gross monthly pay or wages: NA

If "no," what was your last date of employment? NA

Gross monthly wages at the time: NA

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- (a) Business, profession, or other self-employment
(b) Rent payments, interest, or dividends

Yes
 Yes

No
 No

- | | | |
|---|------------------------------|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

NA

If you answered "No" to all of the questions above, explain how you are paying your expenses:

NA I have no

4. How much money do you have in cash or in a checking, savings, or inmate account?

None

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

NO

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

NO

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

Jaylen Mercury

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

NO

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Jan 1 2020

Dated

Williams Jr Alexander

Name (Last, First, MI)

Signature

1411801632

Prison Identification # (if incarcerated)

175 White St

Address

NY

City

NY

State

10013

Zip Code

Telephone Number

E-mail Address (if available)

ALEXANDER WILLIAMS JR 141-180-1632
MANHATTAN DETENTION COMPLEX
125 WHITE STREET
NEW YORK NY 10013

OCTOBER 1 2020

HONORABLE MARY KAY VYSKOCIL
UNITED STATES DISTRICT JUDGE
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET
NEW YORK N10007

RE: WILLIAMS V. CITY OF NEW YORK ET AL.
20-cv-0516 (CMKV)

DEAR JUDGE VYSKOCIL:

After reviewing the Court Docket on the above mentioned case number I was able to see the defendants motion dated June 30 2020 requesting dismissal on several grounds.

Enclosed is an amended complaint making the corrections the I believed where addressed in the defendants request for dismiss.

I further ask the Court for guidance understanding Fed R. Civ. P. 20(a), whereas when I researched this statute using the facility law library the understanding I received was that I must ask the court permission to jointly and/or join all the defendants in my complaint before just submitting the suit.

If that is the case I am herein this letter/motion asking the court permission to submit this complaint jointly against the defendants named herein

I also would like to ask the courts to redact any/all exhibits that display any of my medical records, mental health records and hospital trip records in reference to personal information such as name, B&C number, home address, age, and/or social security number as well as the personal information of my wife Mrs Crystal Williams that is visible in Exhibit -N of this amended complaint before it is made public and/ or given to

the defendants and their respective counsels.

I would also like to remind the Court that I am moving pro se
in this matter and that I am a layman of the Law and continue to seek
the Courts guidance in request extended time to matters where I may have
to correct, modify, and/or amend motions going forward.

RESPECTFULLY SUBMITTED

ALEXANDER WILLIAMS JR.

Oakland
123 ell
New York



United States Court
Southern District of New York
PRO-Sec Torture
500 Pearl Street
New York NY 10007

USM P3

Log mail confidential